

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DORMAN DWAYNE WALKER

(Enter above the full name of
plaintiff in this action)

v.

SALVATION ARMY AND SEVEN

UNKNOWN DENDANTS IN THE US.

(Enter above the full name of
the defendant(s) in this action)

CIVIL CASE NO:

3:17-CV-783
(to be supplied by Clerk
of the District Court)

FILED
SCRANTON

MAY 03 2017

PER [Signature]
DEPUTY CLERK

COMPLAINT

1. The plaintiff DORMAN DWAYNE WALKER a citizen of
the County of LUZERNE State of
Pennsylvania, residing at 75 PURITAN LANE

wishes to file a complaint under Section 504 of Rehabilitation Act,
(give Title No. etc.)
29 U.S.C. 794, 28 C.F.R. Section 36

2. The defendant is Salvation Army and Seven Unknown Defendants.

3. STATEMENT OF CLAIM: (State below the facts of your case. If you have paper exhibits that give further information of your case, attach them to this completed form. Use as much space as you need. Attach extra sheet(s) if necessary) Plaintiff Walker

3. (CONTINUED) contacted the Salvation Army Adult Rehabilitation Center in Wilkes Barre, PA. stating that he would like to apply to the Adult Rehabilitation Center. I stated to the the gentleman there that I have a Service Dog and was told that no dogs were allowed. I, (Plaintiff Walker), reiterated that my Dog is a Service Dog, but the person I was talking to stated again that no dogs were allowed into their Adult Rehabilitation Center Program. Plaintiff talked to the centers administrator and was told that the Corporate office will not allow dogs into the Adult Rehabilitation Center. Mr. Walker, (Plaintiff), requested of this rule but was denied. Mr. Walker (Plaintiff),

(SEE ATTACHMENT "A"

4. WHEREFORE, plaintiff prays that This Honorable Court grant Plaintiff

Walker this suit and Motion in Support for the Salvation Army , Adult Rehabilitation Center, for discrimination and in violation of his ADA civil rights per Section 504 of the Rehabilitation Act , 28 CFR section 36, and 29 U.S.C. 794. And sum certain of Seven Million for damages both seen and unseen

Norman Walker 4/24/17
(Signature of Plaintiff)

Attachment "A"

sent a registered certified letter to the Corporate office in New York attempting to resolve this issue administratively and again the Salvation Army chose to ignore the correspondence.

SEE ATTACHMENT- B

Corporate Office
Salvation Army
P.O. Box 9134
Bardonia, NY. 10954

January 10, 2017

Attachment "B"

Dear Sir;

The purpose of this correspondence is to make you aware that Americans with Disability Act lawsuit is pending if there is not a settlement agreed upon by both Parties. The reason for this is, Dorman Walker was denied access to your adult rehab services because of his medically assigned service dog.

There were three employers that told Dorman Walker from the adult rehab services that he could not have a dog there. This was stated to Dorman Walker by Christopher Willis, intake counselor at the adult rehab services, Majors Joan and Thomas Pierce head of the adult rehab services program. Mr. Walker questioned Major Joan Pierce regarding having his service dog at the adult rehab services program but was told that she had received notice from the corporate office that the salvation army rule stands, that no dog is allowed in to the adult rehabilitation service. Dorman Walker requested a copy of this rule from Major Pierce but was denied. This happened on or about October 5, 2016.

This formal notice is only to allow the Salvation Army Corporate office the ability to settle this without further court proceedings. This notice is not meant to annoy, harass, or intimidate the Salvation Army in any way.

By sending this formal correspondence it does not in any legal manner relinquish any rights, both seen and unforeseen, for Dorman Walker.


You are hereby required to send a response to this correspondence in 15 (fifteen) business days to the following address:

Mr. Dorman Walker
75 Puritan Lane
Wilkes Barre, PA. 18702

Signed by

 1/10/17

Dorman Walker
75 Puritan Lane
Wilkes Barre, PA. 18702

<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X <i>Erin Weiss</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Salvation Army</i> <i>Corporate Office</i> <i>P.O. Box 34</i> <i>Barclonia, NY 10954</i></p>  <p>9580 9402 2345 6225 3413 64</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0001 7741 3199</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7000-02-000-0000</p>		<p>Domestic Return Receipt</p>	

DECLARATION OF SERVICE

I, DORMAN DWAYNE WALKER, DO HEREBY STATE UNDER PENALTY OF
PERJURY THAT I HAVE SENT A TRUE AND CORRECT COPY OF THIS SUIT
TO THE FOLLOWING DEFENDANTS:

THE SALVATION ARMY
EASTERN TERRITORIAL HEADQUARTERS
440 WEST NYACK ROAD
P.O. BOX C-635
WEST NYACK, NY. 10994

*via certified registered
mail*

SIGNED

Dorman D. Walker 4/24/17
DORMAN DWAYNE WALKER (PLAINTIFF)
75 PURITAN LANE
WILKES BARRE, PA. 18702

CERTIFIED MAIL

DORMAN DWAYNE WALKER
75 PURITAN LANE
WILKES BARRE, PA. 18702



7016 0910 0001 7692 2364



1000



10984

U.S. POSTAGE
 PAID
 WILKES BARRE, PA
 18702
 MAY 01, 17
 AMOUNT

\$7.50

R2305H127323-44

THE SALVATION ARMY
EASTERN TERRITORIAL HEADQUARTERS
440 WEST NYACK ROAD
P.O. BOX C-635
WEST NYACK, NY. 10994

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Salvation Army
Eastern Territorial Hdqrs
440 W. Nyack Road
P.O. Box C-635
West Nyack, NY 10994



9590 9402 2344 6225 9765 05

7016 0910 0001 7692 2364

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
C. Date of Delivery		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery

DORMAN DWAYNE WALKER
75 PURITAN LANE
WILKES BARRE, PA. 18702

RECEIVED
SCRANTON

MAY 08 2017

PER

DEPUTY CLERK

U.S.
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